

# 2002 UNIFORM BUSINESS REPORT (UBR)

0008754 AT

DOCUMENT # **A95000000699**

1. Entity Name

**CJC PROPERTIES, LTD.**

FILED

2002 FEB 26 AM 10:27

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**695 BENJAMIN CHAIRES ROAD  
TALLAHASSEE FL 32311**

Mailing Address  
**695 BENJAMIN CHAIRES ROAD  
TALLAHASSEE FL 32311**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number **59-3312729**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANDRUM, CAROL C  
695 BENJAMIN CHAIRES ROAD  
TALLAHASSEE FL 32311**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code **32317**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Carol C. Landrum* **2-19-02**  
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions **\$899,525.00** as Shown on record.

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

|                                                     |                                                                                |                               |                                                                                 |
|-----------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CHAPMAN, JOHN W JR.<br/>3436 WEEMS ROAD<br/>TALLAHASSEE FL 32308</b>        | STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>LANDRUM, CAROL C<br/>695 BENJAMIN CHAIRES ROAD<br/>TALLAHASSEE FL 32311</b> | STREET ADDRESS<br>CITY-ST-ZIP | <b>400005041164--0<br/>03/04/02--01086--019<br/>32317 ****526.25 ****526.25</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                | STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                | STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                | STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                | STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                | STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Carol C. Landrum* **2-19-02 850-878-1412**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)